

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12098**
Registrar's No. **2108**

FILED MAR 18 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2108	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 3 6833 "A" Hancock Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Wilson		b. (Middle) H		c. (Last) Oaks		4. DATE OF DEATH (Month) (Day) (Year) 2-24 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-21-1883		9. AGE (In years last birthday) 69 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY RR Brakeman (Frisco)		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Henry Smith Oaks		13b. MOTHER'S MAIDEN NAME Mary E. Cofer		14. NAME OF HUSBAND OR WIFE Linda Catherine Oaks (Stein)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Linda Catherine Oaks 6833 "A" Hancock Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis & hypertension DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. neuromuscular atrophy				INTERVAL BETWEEN ONSET AND DEATH 6 hr 1 yr 3 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19 50 , to Feb 23, 1953 , that I last saw the deceased alive on Feb 23, 1953 and that death occurred at 3 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) N.B. Kappesser M.D.				23b. ADDRESS 3284 Swanhoe		23c. DATE SIGNED 2-24	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-24-1953		24c. NAME OF CEMETERY OR CREMATORY Fairmount Cem, Cape Girardeau, Missouri		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER COLONIAL MORTUARY			

(Licensed Embalmer's Statement on Reverse Side) 6464 Chippewa St. Louis, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student
Student Embalmer

Signed

Leius C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.